

FIG. 1C

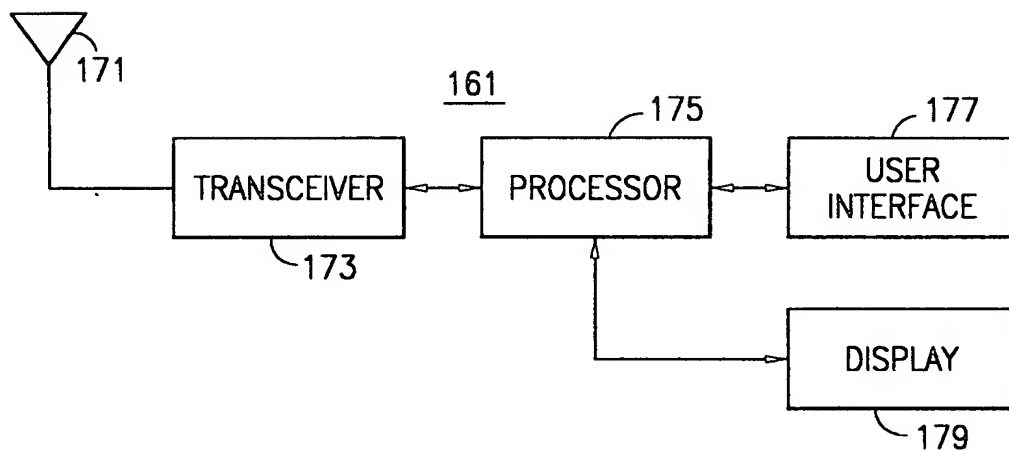


FIG. 1D

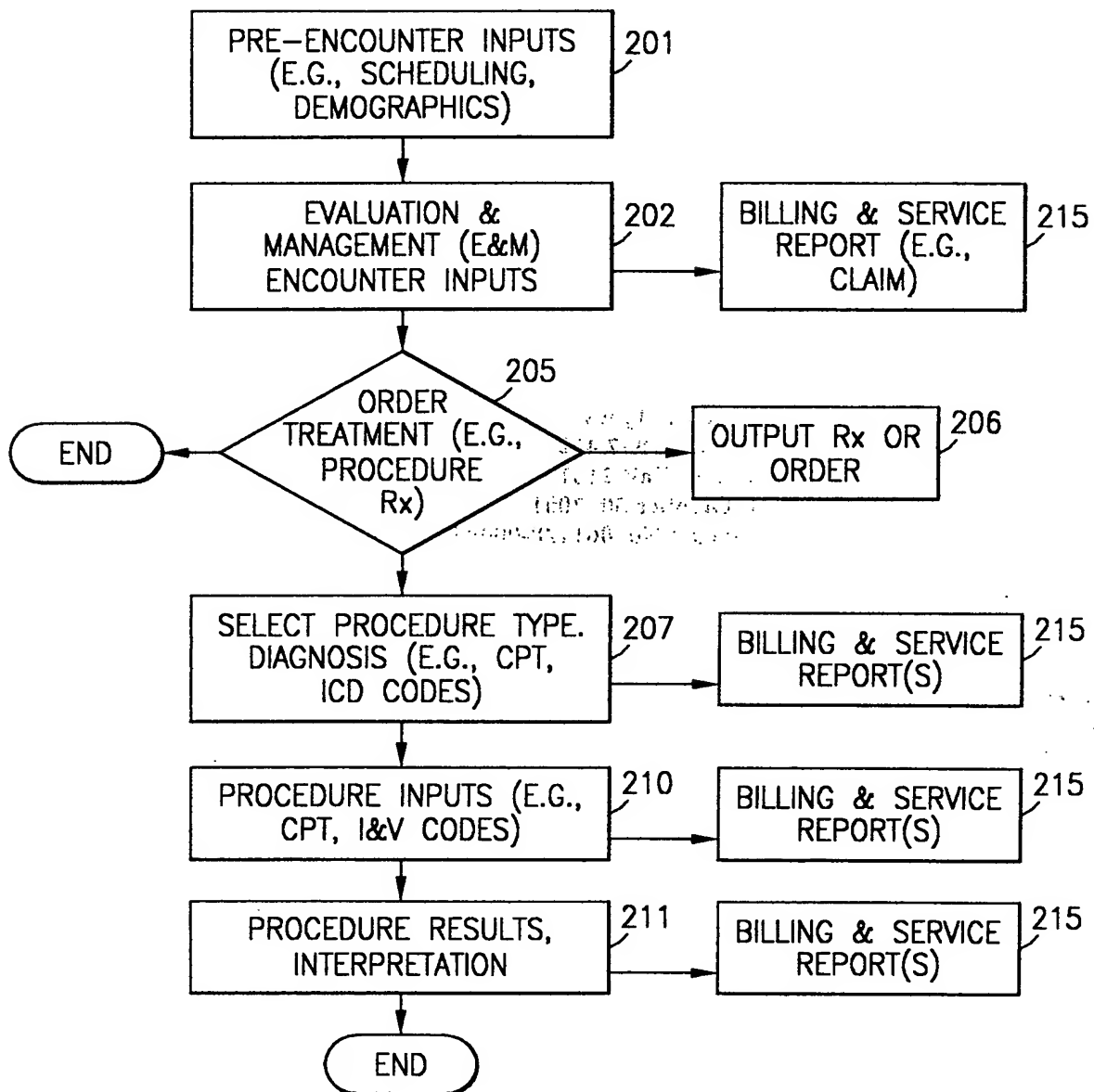
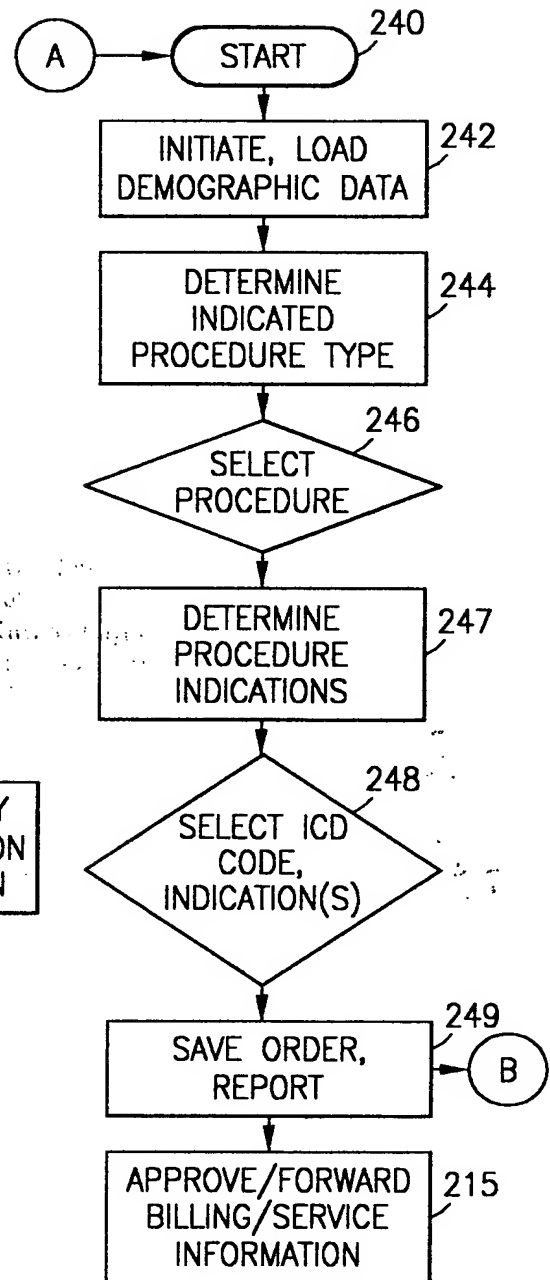
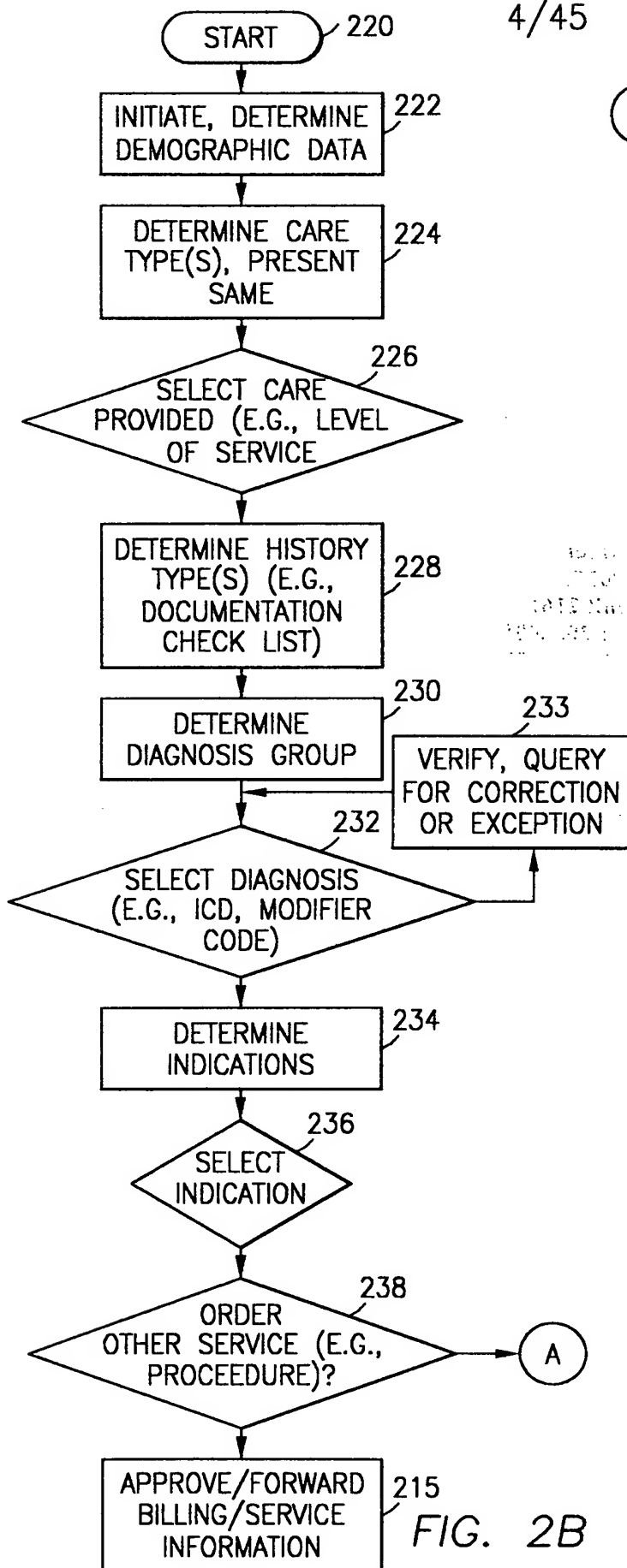


FIG. 2A



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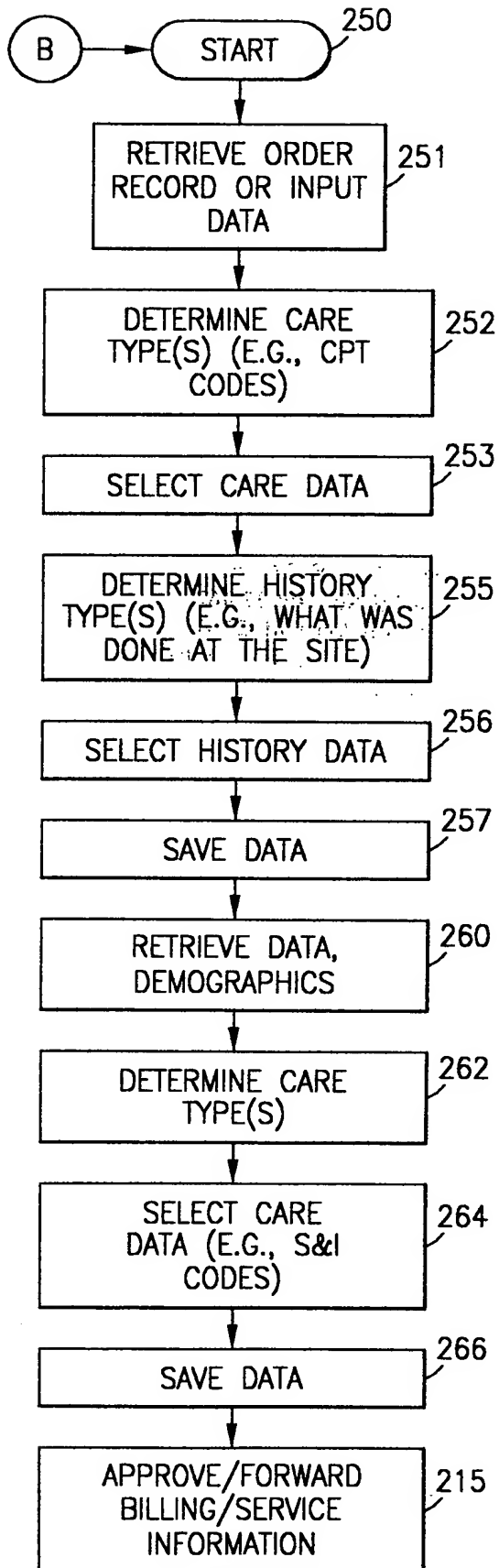


FIG. 2D

FIG. 3A

FIG. 3A

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FIG. 3B

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div>308</div> <div>Login/Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div>	<div>Members >> E&M >> Find</div> <div>Choose search type from the list, then select or type ^(?) the search value</div> <hr/> <div> <input type="radio"/> Show all currently scheduled encounters </div> <div> <input checked="" type="radio"/> Location of encounter: <div>GEM Cardiac & Vascular ▼</div> </div> <div> <input checked="" type="radio"/> Patient name: <div>Edison, Thomas Alva ▼</div> </div> <div> <input checked="" type="radio"/> Attending Physician name: <div>Myers, Gene E, M.D. ▼</div> </div> <div> <input checked="" type="radio"/> Referring physician name: <div>--search value-- ▼</div> </div> <div> <input checked="" type="radio"/> Date of Encounter (MM/DD/YYYY): <div>From: <input type="text"/></div> <div>To: <input type="text"/></div> </div> <hr/> <div> <div>Cancel</div> <div><< Prev</div> <div>Next >></div> <div>309</div> </div>

FIG. 3C

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help																																																																																						
Login/Logout Current values: <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div>		Members >> E&M >> Demographics Select an encounter to view/edit details (?)																																																																																				
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311		<div>Cancel</div> <div><< Prev</div>																																																																																				

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FIG. 3D

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help											
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Login/Logout</div> <p>Current values:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <p>Members >> E&M >> Demographics</p> <p>Items marked in red are required (?)</p> </div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> Select EM Code(s) Documentation Reset Form </div> <p>Dilfer, Trent</p> <p>Date and Time of Service:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Time</td> <td></td> </tr> <tr> <td style="text-align: center;">(dd)</td> <td style="text-align: center;">(yy)</td> <td style="text-align: center;">(mm)</td> <td style="text-align: center;">(hh:mm)</td> <td></td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Jan ▾ 18 2001 11:59 <div style="text-align: right;"> <input type="radio"/> AM <input checked="" type="radio"/> PM </div> </div> <p>Chief complaint / Reason:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">hangnail</div> <p>Location of Service:</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px;">GEM Cardiac & Vascular ▾</div> <div>Add</div> </div> <p>Rendering physician name:</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px;">Ackerman, Howard R, M.D. ▾</div> <div>Add</div> </div> <p>Referring physician name:</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">Myers, Gene E. M.D. ▾</div> <div>Add</div> </div> </div>	Month	Day	Year	Time		(dd)	(yy)	(mm)	(hh:mm)	
Month	Day	Year	Time								
(dd)	(yy)	(mm)	(hh:mm)								
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>Cancel</div> <div><< Prev</div> <div>Next >></div> </div>											

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FIG. 3E

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Login/Logout</div> <p>Current values:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div>	<div style="border: 1px solid black; padding: 5px;"> <p>Members >> E&M >> Office E/M</p> <p>Select the type and level of E/M service ?</p> <hr/> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> Encounter Data Documentation Reset Form </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Least Complex Most Complex </div> <p>New Evaluation ?</p> <div style="display: flex; justify-content: space-between; align-items: center;"> NE 1 2 3 ³¹⁶ 4 5 </div> <p>Return Office Visit ?</p> <div style="display: flex; justify-content: space-between; align-items: center;"> ROV 1 2 3 4 5 </div> <p>Prolonged Office Visit ?</p> <p style="font-size: x-small;">If prolonged services are being provided, select the total duration FIRST, then select the type and level of the original E&M service.</p> <p>POV Total time in minutes: 0-30</p> <p>Office Consult ?</p> <div style="display: flex; justify-content: space-between; align-items: center;"> OC 1 2 3 4 5 </div> <p>Confirmatory (2nd Opinion) Consult ?</p> <p><input checked="" type="checkbox"/> Check here if consult required by third-party payor</p> <div style="display: flex; justify-content: space-between; align-items: center;"> CC 1 2 3 4 5 </div> </div>
	<div style="display: flex; justify-content: space-around; margin-top: 10px;"> Cancel << Prev </div>

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FIG. 3F

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help												
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Login/Logout</div> <p>Current values:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div>	<p>Members >> E&M >> E/M Checklist</p> <p>The E/M level you have chosen requires documentation which meets or exceeds the criteria specified below ?</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Encounter Data</div> <div style="border: 1px solid black; padding: 2px 10px;">Select E/M Codes</div> <div style="border: 1px solid black; padding: 2px 10px;">Reset Form</div> </div>											
<div style="display: flex; justify-content: space-between;"> Subjective Documentation of history ? </div>												
<p>CC - Chief Complaint: hangnail</p> <p>HPI - History of Present Illness</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"># of Elements Required</th> <th style="width: 45%;">Element</th> <th style="width: 40%;">Presenting Problem Type</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">4-8 elements</td> <td> <input type="checkbox"/> Location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Content <input type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated signs and symptoms </td> <td> <input type="radio"/> Chronic w/ mild exacerbation, progression, or side effects of Rx OR <input type="radio"/> 2 or more stable chronic illness <input type="radio"/> Undiagnosed problem w/ uncertain prognosis <input type="radio"/> Acute w/ Systemic Sx <input type="radio"/> Acute complicated injury </td> </tr> </tbody> </table> <p>ROS - Review of Systems</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"># of Systems Required</th> <th style="width: 85%;">System</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">2-9 systems</td> <td> <input type="checkbox"/> Constitutional <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, Nose, Mouth, Throat <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genito-urinary <input type="checkbox"/> Integumentary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Hematologic/Lymphatic <input type="checkbox"/> Endocrine <input type="checkbox"/> Allergic/Immunologic <input type="checkbox"/> Psychiatric <input type="checkbox"/> All Others Negative </td> </tr> </tbody> </table>			# of Elements Required	Element	Presenting Problem Type	4-8 elements	<input type="checkbox"/> Location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Content <input type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated signs and symptoms	<input type="radio"/> Chronic w/ mild exacerbation, progression, or side effects of Rx OR <input type="radio"/> 2 or more stable chronic illness <input type="radio"/> Undiagnosed problem w/ uncertain prognosis <input type="radio"/> Acute w/ Systemic Sx <input type="radio"/> Acute complicated injury	# of Systems Required	System	2-9 systems	<input type="checkbox"/> Constitutional <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, Nose, Mouth, Throat <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genito-urinary <input type="checkbox"/> Integumentary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Hematologic/Lymphatic <input type="checkbox"/> Endocrine <input type="checkbox"/> Allergic/Immunologic <input type="checkbox"/> Psychiatric <input type="checkbox"/> All Others Negative
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FIG. 3G

to 3H

to 3H

PFSH - Past/Family/Social History	
# of Elements Required	Element
Any 1	<input type="checkbox"/> Past History
	<input type="checkbox"/> Family History
	<input type="checkbox"/> Social History

Objective
Physical Exam
(?)

321 Select the type of examination first. A new window will open displaying the checklist for the selected exam type. When you have finished the checklist, you will be returned to this window to complete the documentation requirements step.

- Multi-system Exam
- Single Organ System (complete):
 - Cardiovascular
 - Eyes
 - GU (female)
 - GU (male)
 - Hemo/Lymph
 - MS
 - Neuro
 - Psych
 - Resp
 - Skin

Show Exam Checklist

322 Assessment
Assessment
(?)

to 31

FIG. 3H

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Add diagnosis code(s) using the button provided. You may also add notes in this field.

Add diagnosis code(s)

323

Plan

Medical Decision Making



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The highest level of risk in any one category determines the overall complexity of the Medical Decision Making component. The risk associated with the selected level of E/M service must meet or exceed that of at least one of the following three sets of examples:

Date Review / D Dx

- Limited medical records review regarding self-limited chronic problem was performed.

Severity / Urgency / Potential Complications

- The patient has been counseled regarding the low probability of complications and the need to follow instructions on an elective basis.

Management Options

Rx Plan

- Over-the-counter drugs/minimal risk drugs
- P.T. (rest, exercise, stress management)
- O.T.
- IV fluids w/o additives
- Minor surgery with no identified risk factors
- Referrals: can not require detailed discussion/detailed care plan

Dx Procedures

- Non-Invasive diagnosis test
 - Peripheral Ultrasound
 - Carotid duplex
 - U.E. Duplex
 - L.E. Duplex
 - Abdo - AO Duplex
 - Renal Artery duplex
 - Venous duplex
 - Echocardiography
 - TTE - noncongenital
 - TTE - congenital
 - TEE - noncongenital
 - TEE - congenital
 - EKG
 - CXR
- Physiological test not under stress
 - L.E. pressures
 - U.E. segmental pressures
 - ABI
 - VRP

to 3J

to 3J

FIG. 31

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- ☐ Holter monitor
- ☐ Loop monitor
- ☐ Event monitor
- ☒ ABG
- ☒ Lab Test
 - ☐ UA
 - ☐ Venipuncture
 - ☒ AMA-approved panels
 - ☒ Specialty panels
 - ☒ Prevention Heart Labs, Inc.
 - ☒ GGE
 - ☒ NMR
 - ☒ Thrombocare
 - ☒ Individual test
 - ☐ Skin biopsy
 - ☐ Superficial needle biopsy
 - ☐ Non CV Imaging studies w/o IV contrast
 - ☒ UGI
 - ☒ BAE
 - ☒ Long GI follow through

Documentation Based on Time ?)

If counseling and/or coordination of care dominates (>50%) the encounter, time may be used to determine the level of service. Documentation may include: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider

Typical time (minutes) for this level: 30

Cancel

<< Prev

Next >>

FIG. 3J

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Members >> E&M >> Encounter Summary
Current values:	Encounter data summary ?)
User	Save Encounter 329
Patient	
Encounter	
Procedure	
	Patient name: Dilfer, Trent
	Date: 1/18/2001 11:59 PM
	Location of service: GEM Cardiac & Vascular
	Physician name: Ackerman, Howard R, M.D.
	Chief complaint: hangnail
	Service Code: 99203
	CPT Service Code: 99203
	Diagnosis Code(s):
	Status Code: S
	Cancel << Prev

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FIG. 3K

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Encounter record has been updated. Members >> E&M >> Menu
Current values:	Select one of the following: (?)
User	
Patient	
Encounter	
Procedure	
	<ul style="list-style-type: none">➤ Create New Encounter➤ Edit Current Encounter➤ Find Existing Encounter(s)➤ Back to Main Menu
	<div style="text-align: right;"><div>Cancel</div><div><< Prev</div></div>

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2014年12月10日
 2014年12月10日
 2014年12月10日

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	
Current values:	
User	
Patient	
Encounter	
Procedure	
Members >> Procedure >> Demographics	
Items marked in red are required	
Patient name:	
Edison, Thomas Alva	
Add	
Date and Time of Service:	
Month Day Year Time	
(dd) (yyyy) (hh:mm)	
Aug 20 2001 9:06	
AM PM	
Location of Service:	
GEM Cardiac & Vascular	
Add	
Attending physician name:	
Myers, Gene E. M.D.	
Add	
Referring physician name:	
-select provider-	
Add	
Third-party supplier name:	
-select provider-	
Add	
Cancel	
<< Prev	
Next >>	

FIG. 3N

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Members >> Procedure >> Menu
Current values:	Select one of the following: ?
User	
Patient	➡ Non-Invasive Procedures 336
Encounter	➡ Invasive Procedures
Procedure	
	Cancel << Prev

FIG. 30

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?

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FIG. 3P

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Members >> Procedure >> Noninvasive >> Echo >> Menu
Current values:	Select one of the following: (?)
User	➤ Transthoracic (TTE) — 342
Patient	➤ Transesophageal (TEE)
Encounter	➤ Stress Echo
Procedure	➤ Ultrasonic Guidance
	Cancel << Prev

FIG. 3Q

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Members >> Procedure >> Noninvasive >> Echo >> Transthoracic (TTE) ?
Current values:	Select procedure(s)
User	<input type="button" value="Show Packages"/> <input type="button" value="Create Package"/> <input type="button" value="Reset Form"/>
Patient	
Encounter	
Procedure	
	TTE (Non-congenital) ? Transthoracic echocardiography (TTE), real-time 2D image documentation, with or without M-mode recording <input checked="" type="checkbox"/> COMPLETE study 346 93307 <input checked="" type="checkbox"/> followup or limited study 93308
	TTE (Congenital) ? Transthoracic echocardiography (TTE), for congenital cardiac anomalies, real-time 2D image documentation, with or without M-mode recording <input checked="" type="checkbox"/> COMPLETE study 93303 <input checked="" type="checkbox"/> followup or limited study 93304
	Doppler Echocardiography ? Doppler echocardiography, pulsed wave and/or continuous wave with spectral display <input checked="" type="checkbox"/> COMPLETE study 93320 <input checked="" type="checkbox"/> Limited study 93321 <input checked="" type="checkbox"/> Add color flow velocity mapping 93325
	<input type="button" value="Cancel"/> <input type="button" value=" << Prev"/> <input type="button" value="Next >>"/>

FIG. 3R

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Members >> Procedure >> Order Package
Current values:	Select a package ?
<input type="text" value="User"/>	<input type="button" value="Show Codes"/> <input type="button" value="Reset Form"/>
<input type="text" value="Patient"/>	
<input type="text" value="Encounter"/>	
<input type="text" value="Procedure"/>	
	<div>Complete 2D Only Delete</div> <div> <input checked="" type="radio"/> TTE - Complete 93207 </div> <div>Complete 2D w/ Color Flow Delete</div> <div> <input checked="" type="radio"/> TTE - Complete 93307 Doppler Echo - Complete 93320 Doppler Echo - w/color flow 93325 </div> <div>Complete 2D w/o Color Flow Delete</div> <div> <input checked="" type="radio"/> TTE - Complete 93307 Doppler Echo - Complete 93320 </div> <div>Followup/Limited 2D Only Delete</div> <div> <input checked="" type="radio"/> TTE - Followup/limited study 93306 </div> <div>Followup/Limited 2D w/o Color Flow Delete</div> <div> <input checked="" type="radio"/> TTE - Followup/limited study 93308 Doppler Echo - followup/limited 93321 </div>
	<input type="button" value="Cancel"/> <input type="button" value=" << Prev"/> <input type="button" value="Next >>"/>

FIG. 3S

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div> <div>Login/Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div>	<div>Members >> Procedure >> Diagnosis Groups</div> <div>Select diagnosis group: (?)</div> <div> <div>Show All Groups</div> <div>Show Medicare Groups</div> <div>Expand All</div> <div>Collapse</div> </div> <div> <input type="checkbox"/> CHF <input type="checkbox"/> Symptoms & Signs <input type="checkbox"/> Coronary Artery Disease (CAD) <input type="checkbox"/> Hypertension / Hypotension <input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Myocarditis <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Peripheral Artery / Vein / Lymphatic Disease <input type="checkbox"/> Myocardial Infarction (Acute/Remote) <input type="checkbox"/> Card. and Vasc. Surg.: Complications/Followup <input type="checkbox"/> Pulmonary Circulatory Disorders <input type="checkbox"/> Endocarditis <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Transplant Heart and/or Valve <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Procedure Induced Cardiac & Vascular Complications <input type="checkbox"/> Tumors of Heart / Great Vessels <input type="checkbox"/> Poisoning by Drugs, Medicinal, and Biological Substances (overdose / wrong substance given) <input type="checkbox"/> Trauma of Heart <input type="checkbox"/> Endocrinology <input type="checkbox"/> Followup </div> <div> <div>Cancel</div> <div><< Prev</div> </div>

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FIG. 3T

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div style="border: 1px solid black; padding: 2px;">Login/Logout</div> <p>Current values:</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div>	<p>Members >> Procedure >> Diagnosis Groups</p> <p>Select diagnosis group:</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> Show All Groups Show Medicare Groups Expand All Collapse </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Pericardial Disease <ul style="list-style-type: none"> <input type="checkbox"/> Pericardial Signs & Sx <input type="checkbox"/> Acute Pericarditis & Effusion <ul style="list-style-type: none"> <input type="checkbox"/> Infective <ul style="list-style-type: none"> <input type="checkbox"/> Viral <input type="checkbox"/> Bacterial <input type="checkbox"/> Parasitic <input type="checkbox"/> Fungal <input type="checkbox"/> Rickettsial <input type="checkbox"/> Non-Infective <ul style="list-style-type: none"> <input type="checkbox"/> Idiopathic <input type="checkbox"/> Drug Induced <input type="checkbox"/> Systemic diseases <input type="checkbox"/> Collagen diseases <input type="checkbox"/> Chronic pericardial disease <input type="checkbox"/> Pus, blood, and air in pericardium <input type="checkbox"/> Cysts, diverticulae, flatulas/foramen, congenital disease <input type="checkbox"/> Trauma <ul style="list-style-type: none"> <input type="checkbox"/> Blunt trauma <input type="checkbox"/> Penetrating trauma <input type="checkbox"/> Procedure-related </div> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 10px;">Cancel</div> <div style="border: 1px solid black; padding: 2px 10px;"><< Prev</div> </div>

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FIG. 3U




















Main User Patient E/M Procedure Provider Carrier Claims Reports Help			
Login/Logout		Members >> Procedure >> Diagnosis Codes	
Current values:		Select diagnosis code(s) ?	
<input type="text" value="User"/> <input type="text" value="Patient"/> <input type="text" value="Encounter"/> <input type="text" value="Procedure"/>		<input type="button" value="Show All Codes"/> <input type="button" value="Show Medicare Codes"/> <input type="button" value="Reset Form"/>	
		Bacterial ?	
	<input type="radio"/> <input checked="" type="radio"/> septic 420.99 		
	<input type="radio"/> <input checked="" type="radio"/> rheumatic 391.0 		
	<input type="radio"/> <input checked="" type="radio"/> gonococcal 098.63 		
	<input type="radio"/> <input checked="" type="radio"/> meningococcal 038.41 		
	<input type="radio"/> <input checked="" type="radio"/> syphilitic 093.81 		
	<input type="radio"/> <input checked="" type="radio"/> tularemia 420.0, 021.9 		
	<input type="radio"/> <input checked="" type="radio"/> pneumococcal 420.99 		
361	<input type="radio"/> <input checked="" type="radio"/> staphylococcal 420.99 		
	<input type="radio"/> <input checked="" type="radio"/> streptococcal 420.99 		
362	<input type="radio"/> <input checked="" type="radio"/> hemophylus influenzae 420.0, 041.5 		
	<input type="radio"/> <input checked="" type="radio"/> psittacosis 420.0, 073.7 		
	<input type="radio"/> <input checked="" type="radio"/> salmonella 420.0, 003.84 		
	<input type="radio"/> <input checked="" type="radio"/> TBC 420.0, 017.9 		
	<input type="radio"/> <input checked="" type="radio"/> leptospiral 420.0, 100.9 		
	<input type="radio"/> <input checked="" type="radio"/> pseudomonas 420.0, 041.7 		
	<input type="radio"/> <input checked="" type="radio"/> klebsiella 420.0, 482.0 		
	<input type="radio"/> <input checked="" type="radio"/> E.Coli 420.0, 041.4 		
	<input type="radio"/> <input checked="" type="radio"/> purulent 420.99 		
	<input type="radio"/> <input checked="" type="radio"/> suppurative 420.99 		
		<input type="button" value="Cancel"/> <input type="button" value=" << Prev"/> <input type="button" value="Next >>"/>	

FIG. 3V

360

Diagnosis details:

Acute hemophilus influenza ● pericarditis

366 ● pericardial effusion

● pericarditis and pericardial effusion

Cancel

OK

365

FIG. 3W

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Login/Logout </div> <div style="margin-bottom: 10px;"> Current values: <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div> </div> <div style="margin-bottom: 10px;"> ABN required: Procedure 93350 not supported by diagnosis 420.99 Members >> Procedure >> Indications </div> <div style="margin-bottom: 10px;"> <h2 style="margin: 0;">Select indications(s)</h2> </div> <div style="border: 1px solid black; padding: 10px;"> <h3 style="margin: 0;">Indications for Stress Echocardiography</h3> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pat </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The patient has <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="radio"/> an abnormal standard exercise test and stress echocardiograph <input checked="" type="radio"/> a non-diagnostic </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pat </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The patient has <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="radio"/> a cardiac condition which would interfere with interpretation of <input checked="" type="radio"/> mitral valve prolapse <input checked="" type="radio"/> anatomical abnormality </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The patient has confirmed <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="radio"/> CAD and stress echocardiography is necessary to evalu <input checked="" type="radio"/> CHF </div> </div> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px 20px;">Cancel</div> </div>
--	--

FIG. 3X

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Members >> Procedure >> ABN
Current values:	An ABN is REQUIRED for this procedure (?)
User	Print ABN Form
Patient	
Encounter	
Procedure	
	Patient name: Edison, Thomas Alva
	Date: 8/20/2001 9:05
	Location of service: GEM Cardiac & Vascular
	Physician name: Myers, Gene E, M.D.
	Referring physician:
	Procedure(s) ordered: 93350 TTE - Stress echo
	Diagnosis Code(s): 420.99 acute staphylococcal pericarditis
	Indication(s):
	374
	Cancel << Prev Next >>

373

FIG. 3Y

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Members >> Procedure >> Order Summary
Current values:	Procedure order(s) summary (?)
<input type="text" value="User"/>	<input type="button" value="Save this order"/> 377
<input type="text" value="Patient"/>	
<input type="text" value="Encounter"/>	
<input type="text" value="Procedure"/>	
	Patient name: Edison, Thomas Alva
	Date: 8/20/2001 9:05
	Location of service: GEM Cardiac & Vascular
	Physician name: Myers, Gene E, M.D.
	Referring physician:
	Procedure(s) ordered: 93350 TTE - Stress echo
	Diagnosis Code(s): 420.99 acute staphylococcal pericarditis
	Indication(s):
	<input type="button" value="Cancel"/> <input type="button" value=" << Prev"/>

FIG. 3Z

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	<p>Procedure order has been saved Members >> Procedure >> Menu</p> <p>Select one of the following: ?)</p> <hr/> <p>➡ Order New Procedure(s) — 379</p> <p>➡ Edit Current Procedure</p> <p>➡ Find Existing Procedure(s)</p> <p>➡ Back to Main Menu — 380</p> <hr/> <p style="text-align: center;"><input type="button" value="Cancel"/> <input type="button" value=" << Prev"/></p>
Current values:	
User	
Patient	
Encounter	
Procedure	

FIG. 3AA

378

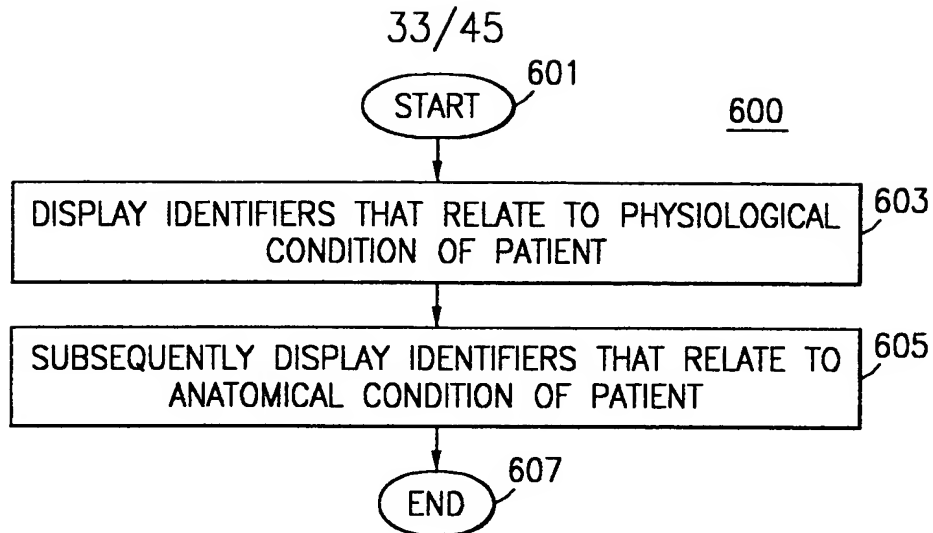


FIG. 6

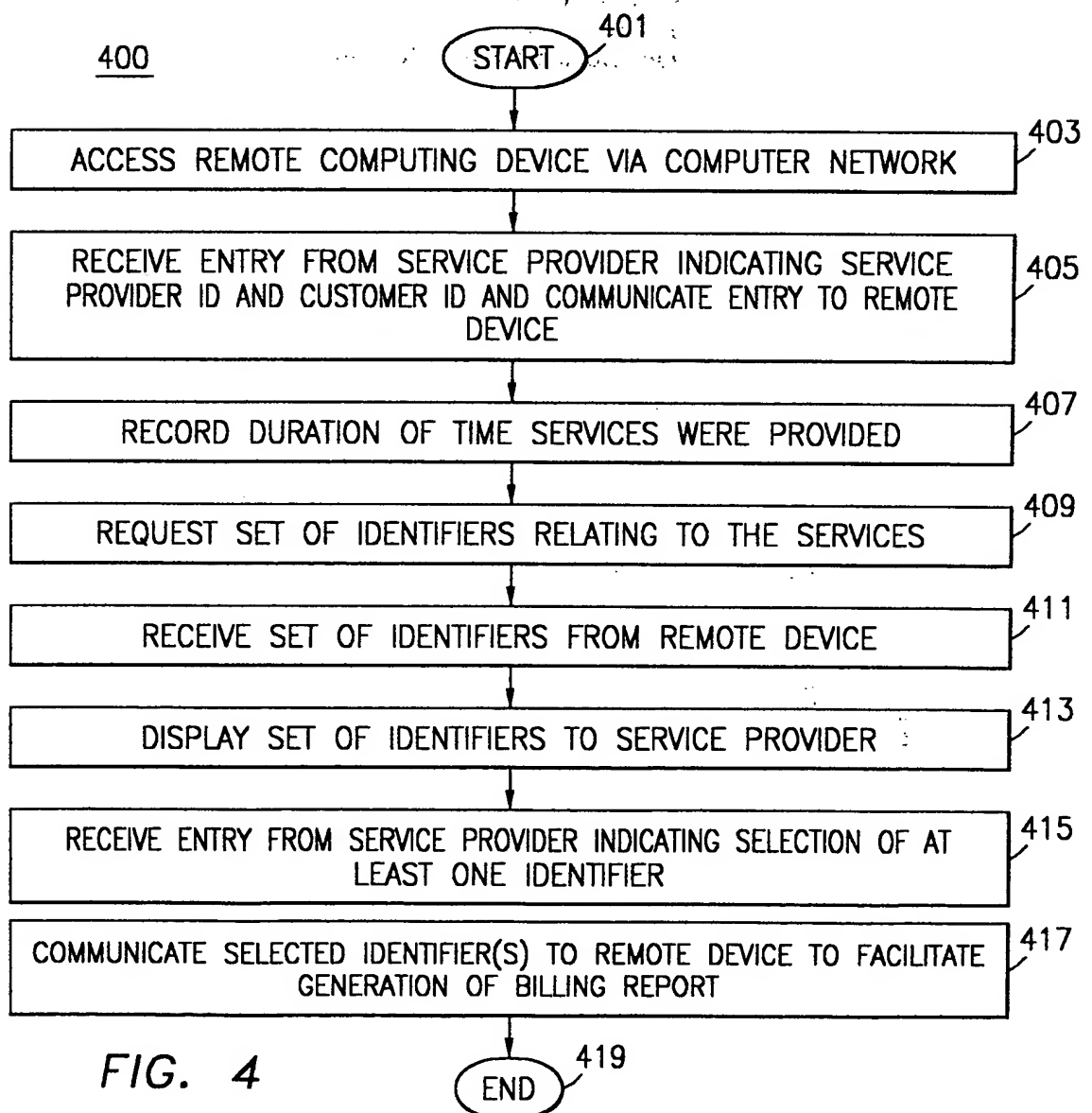


FIG. 4

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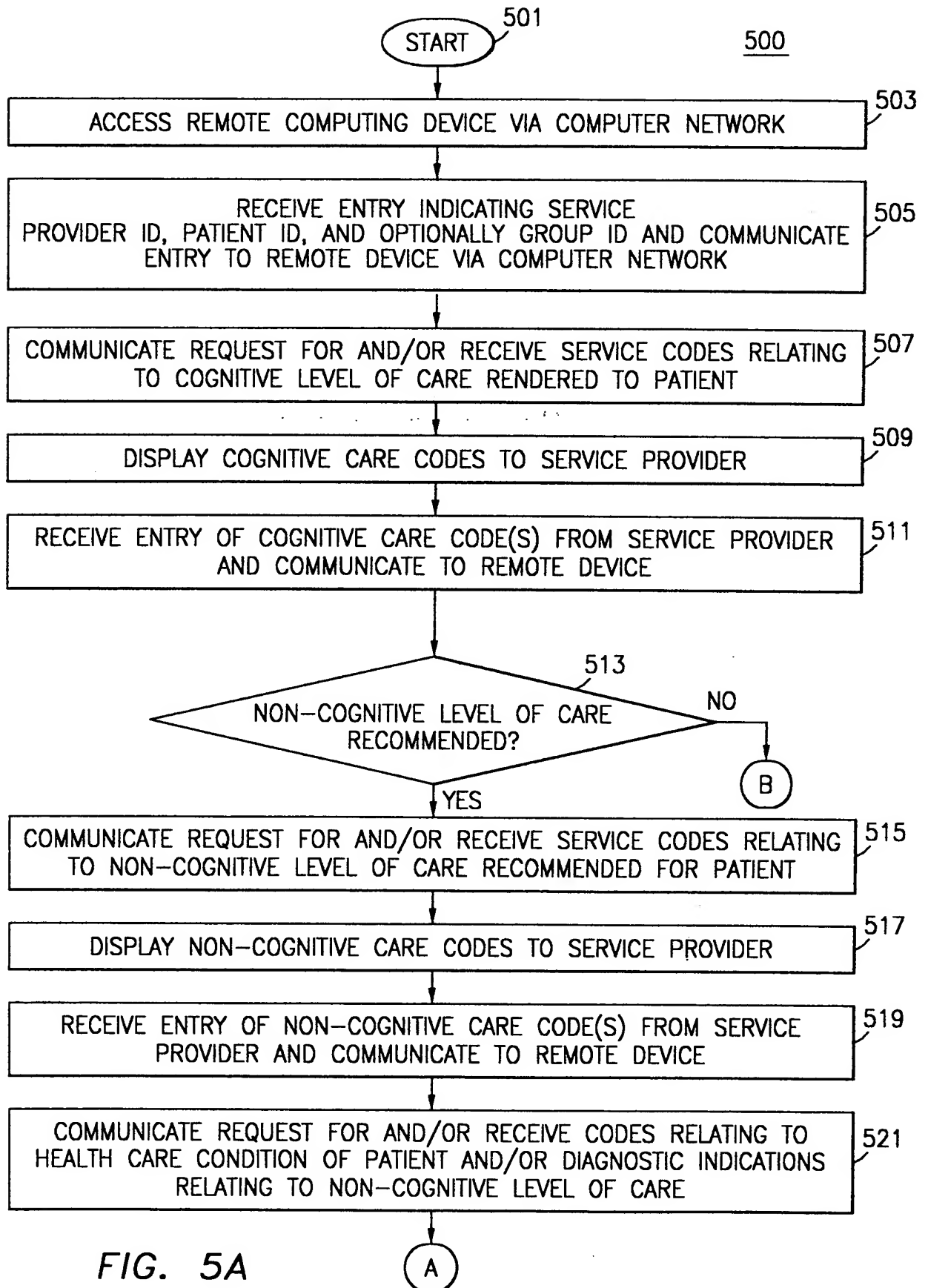
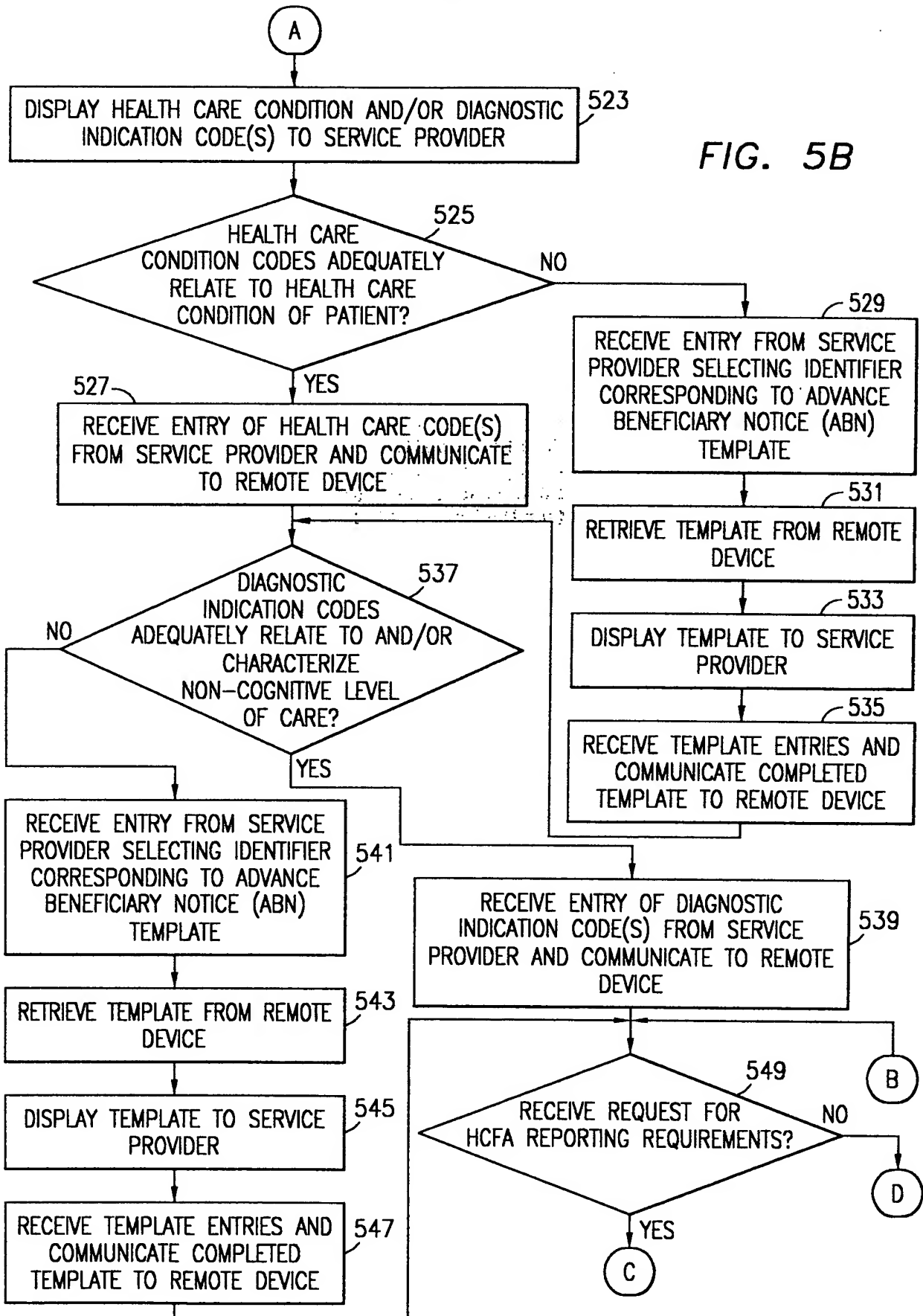


FIG. 5A



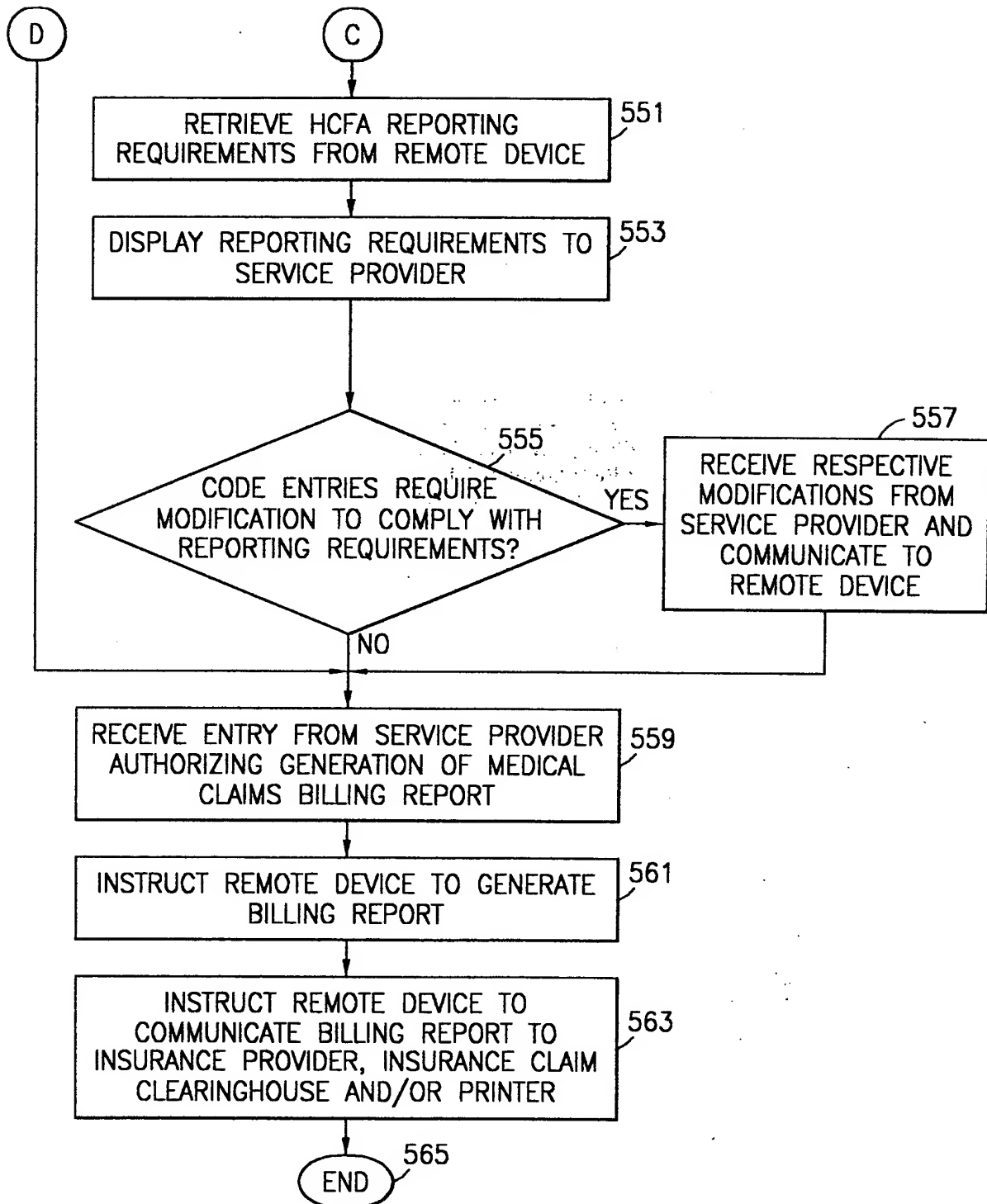


FIG. 5C

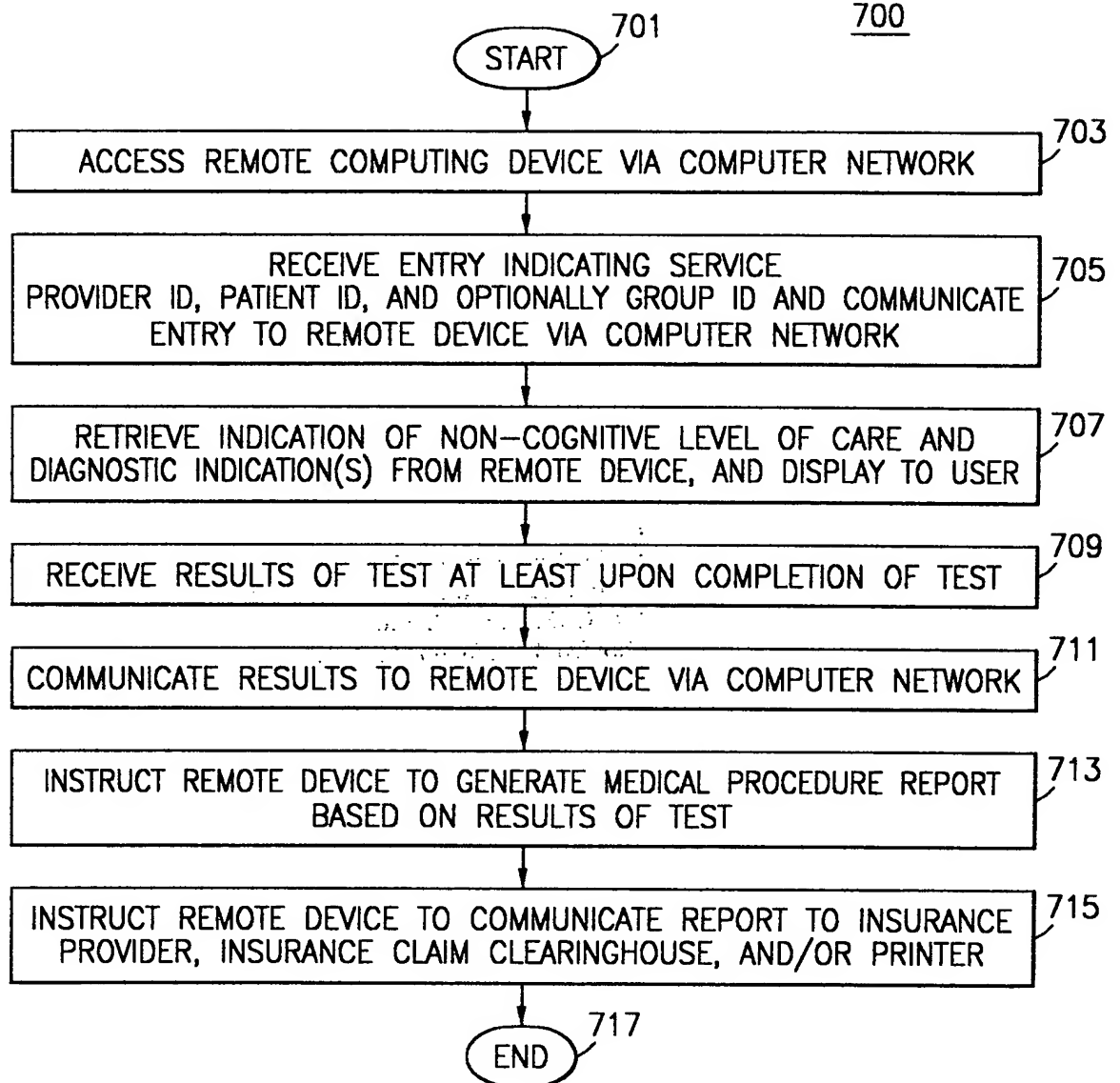


FIG. 7

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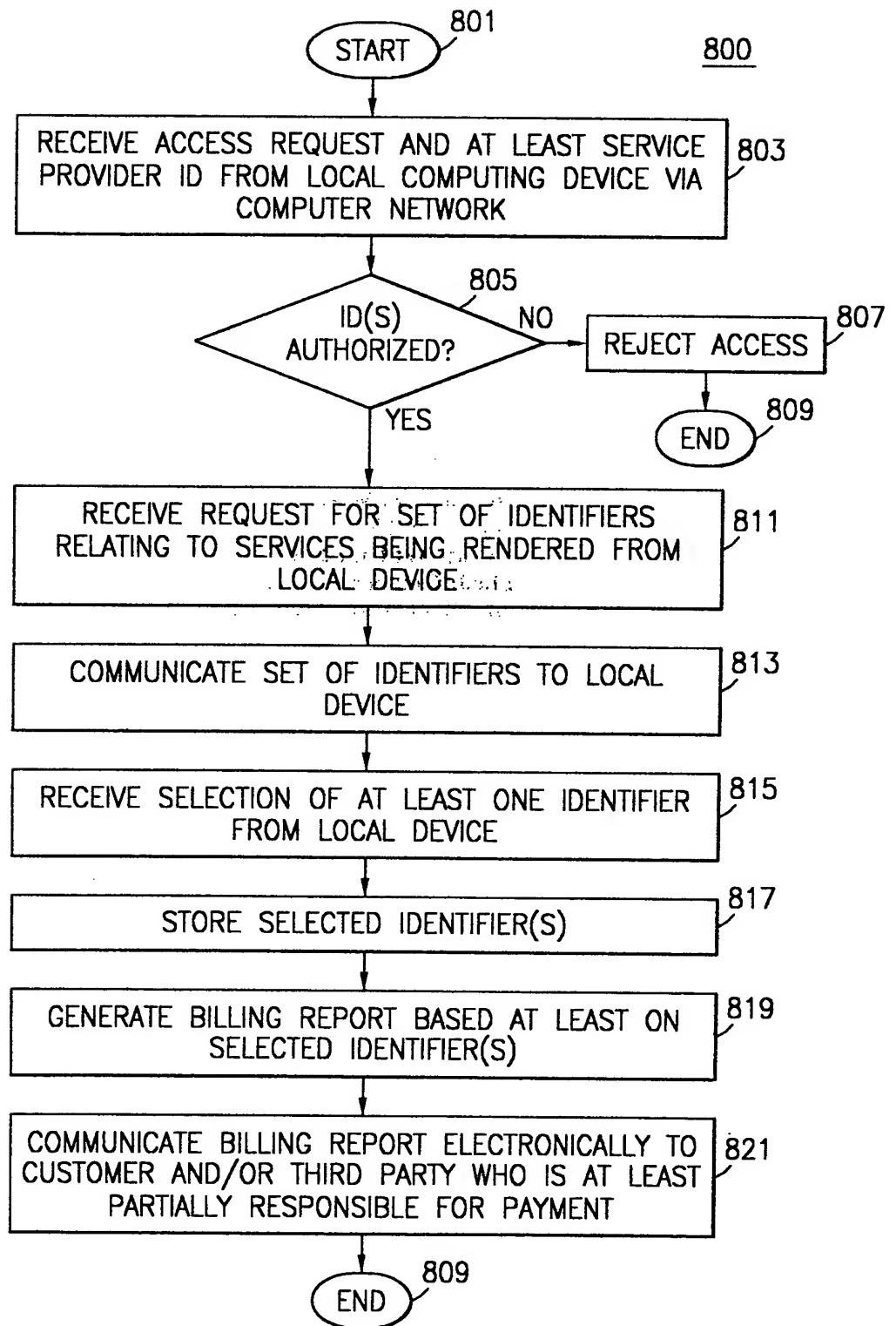


FIG. 8

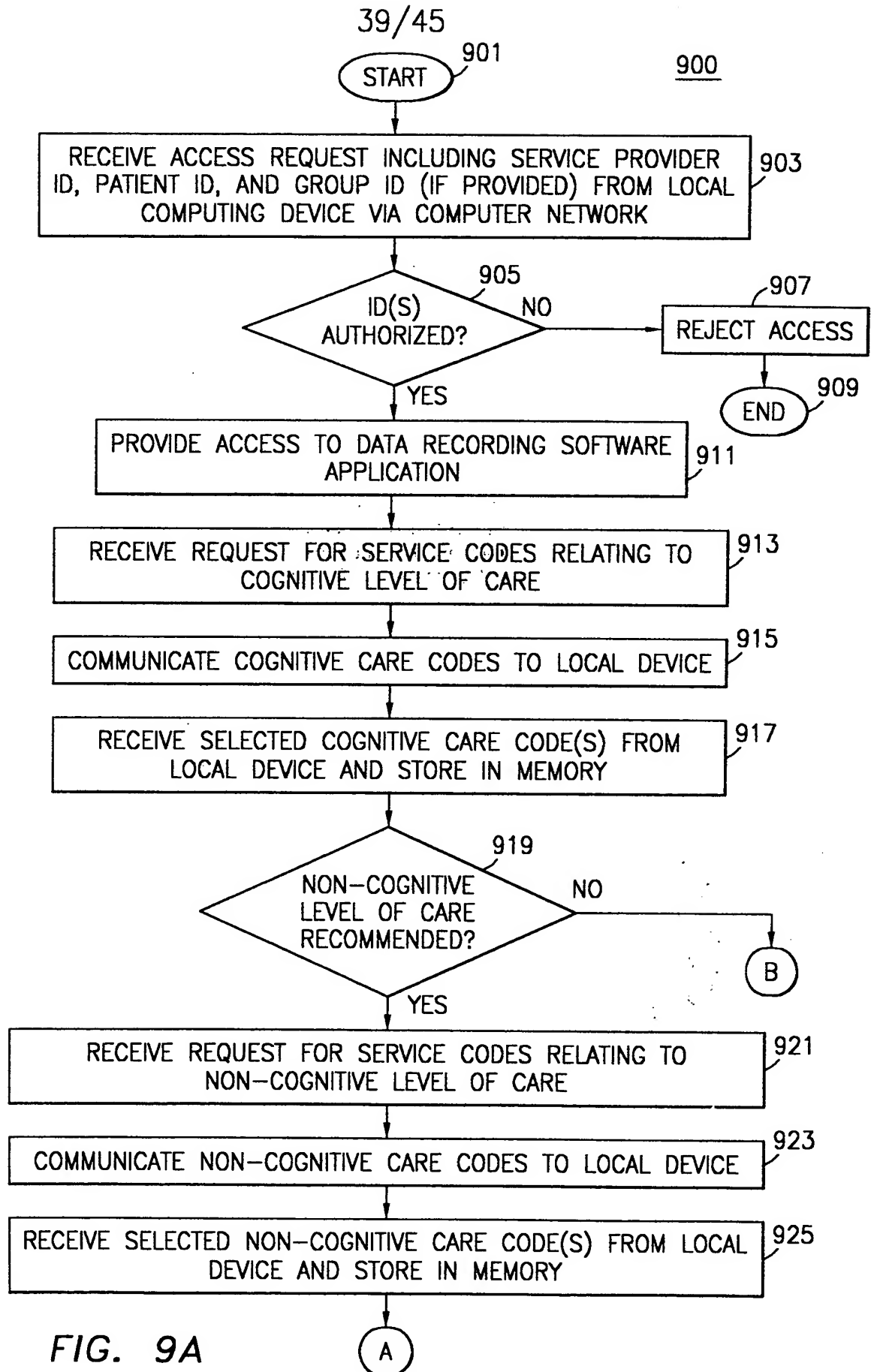


FIG. 9A

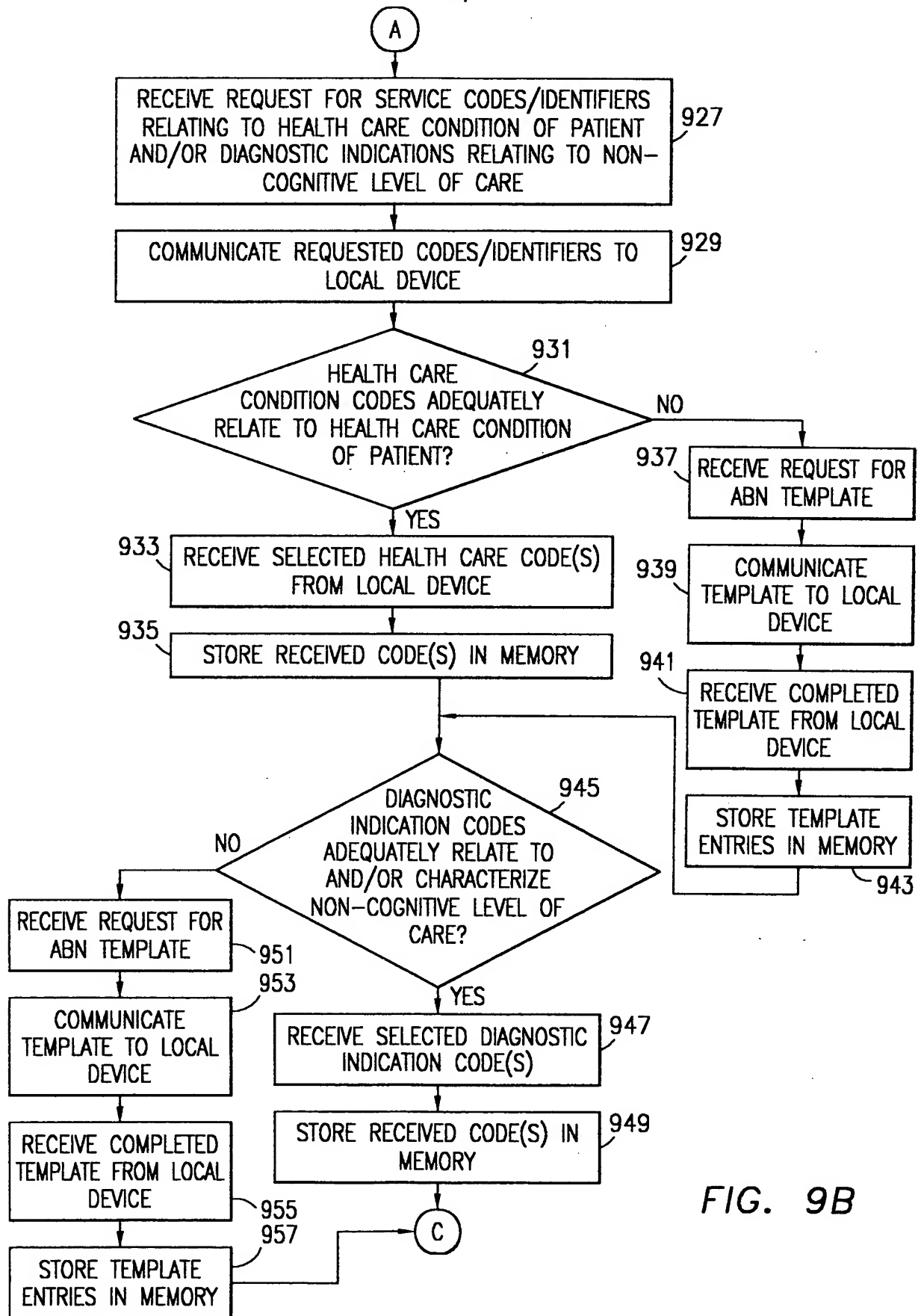


FIG. 9B

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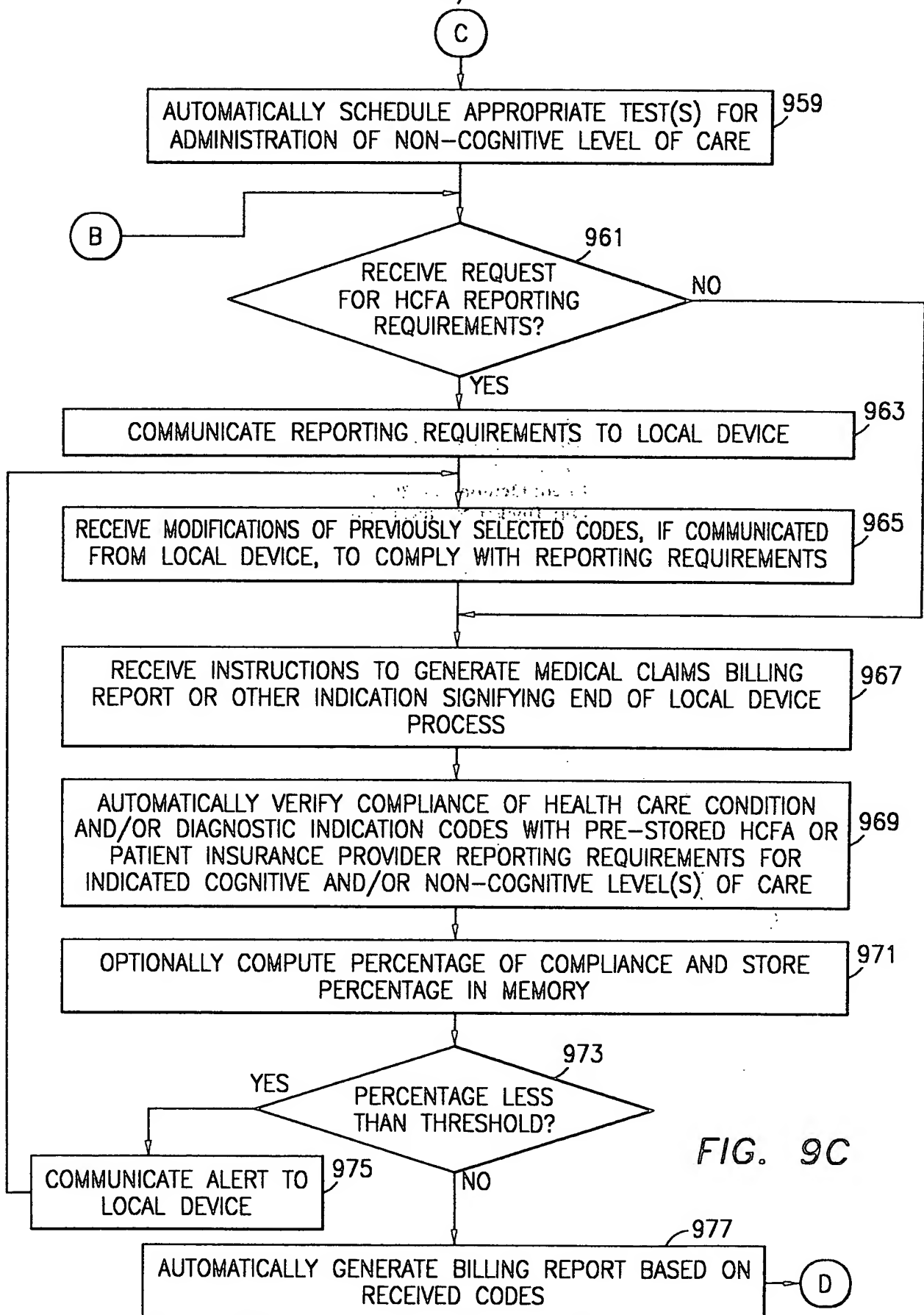
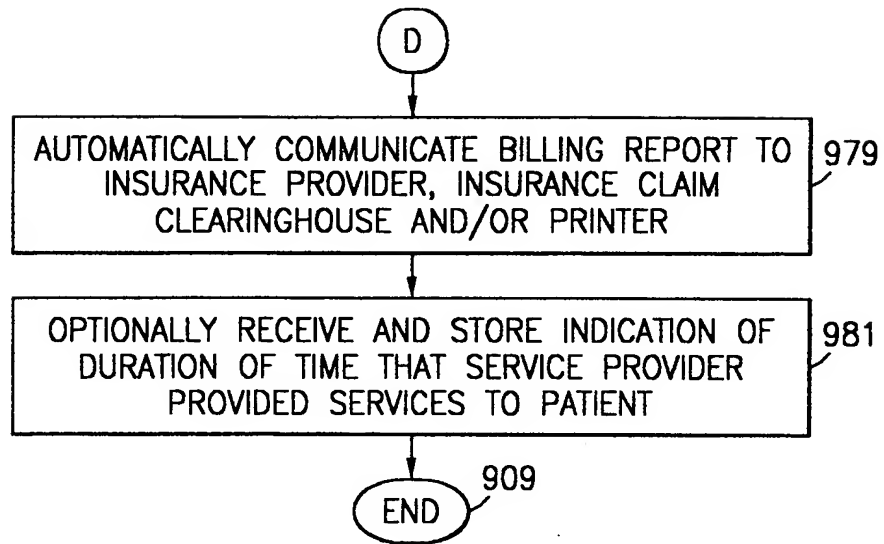


FIG. 9C

**FIG. 9D**

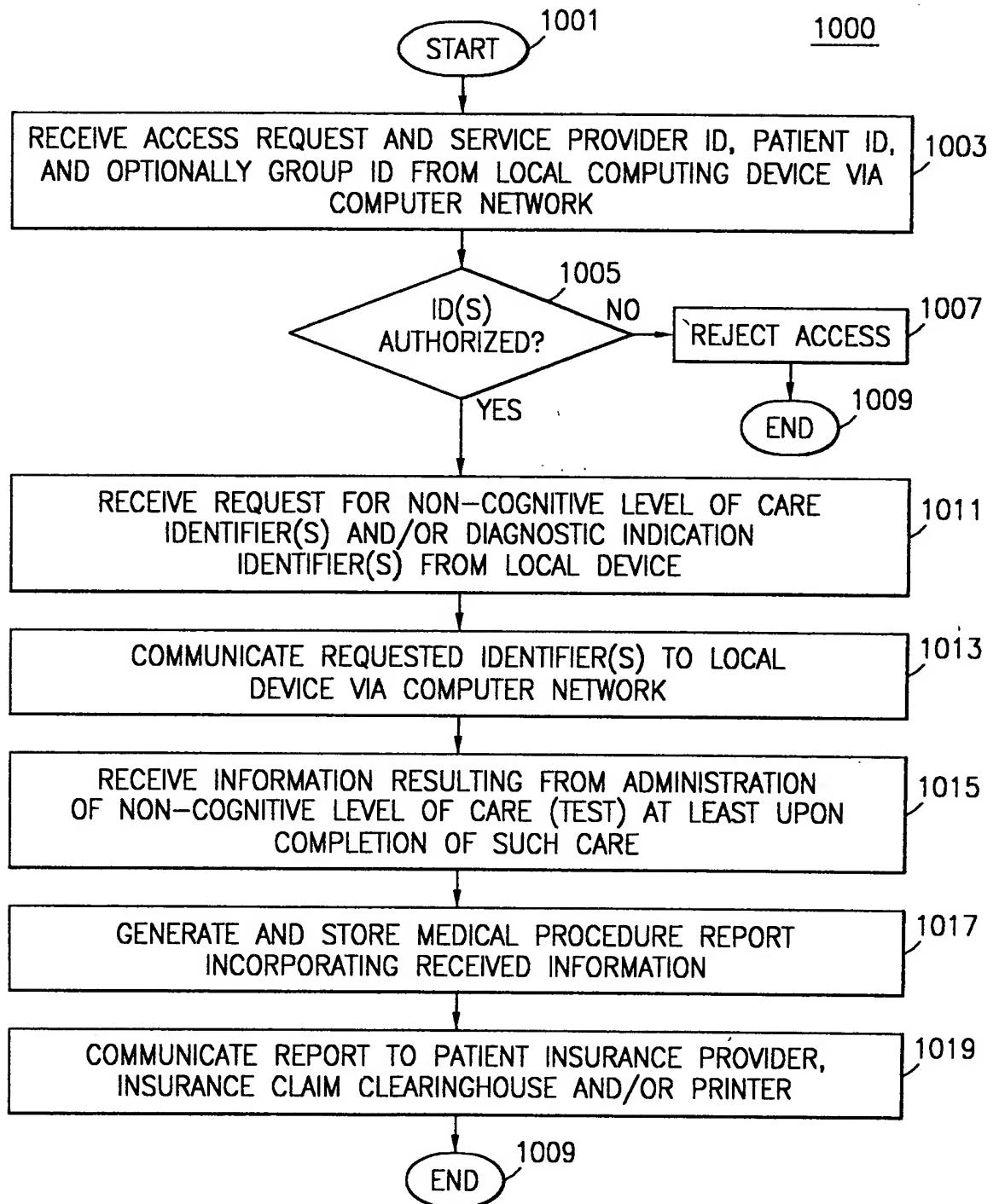


FIG. 10

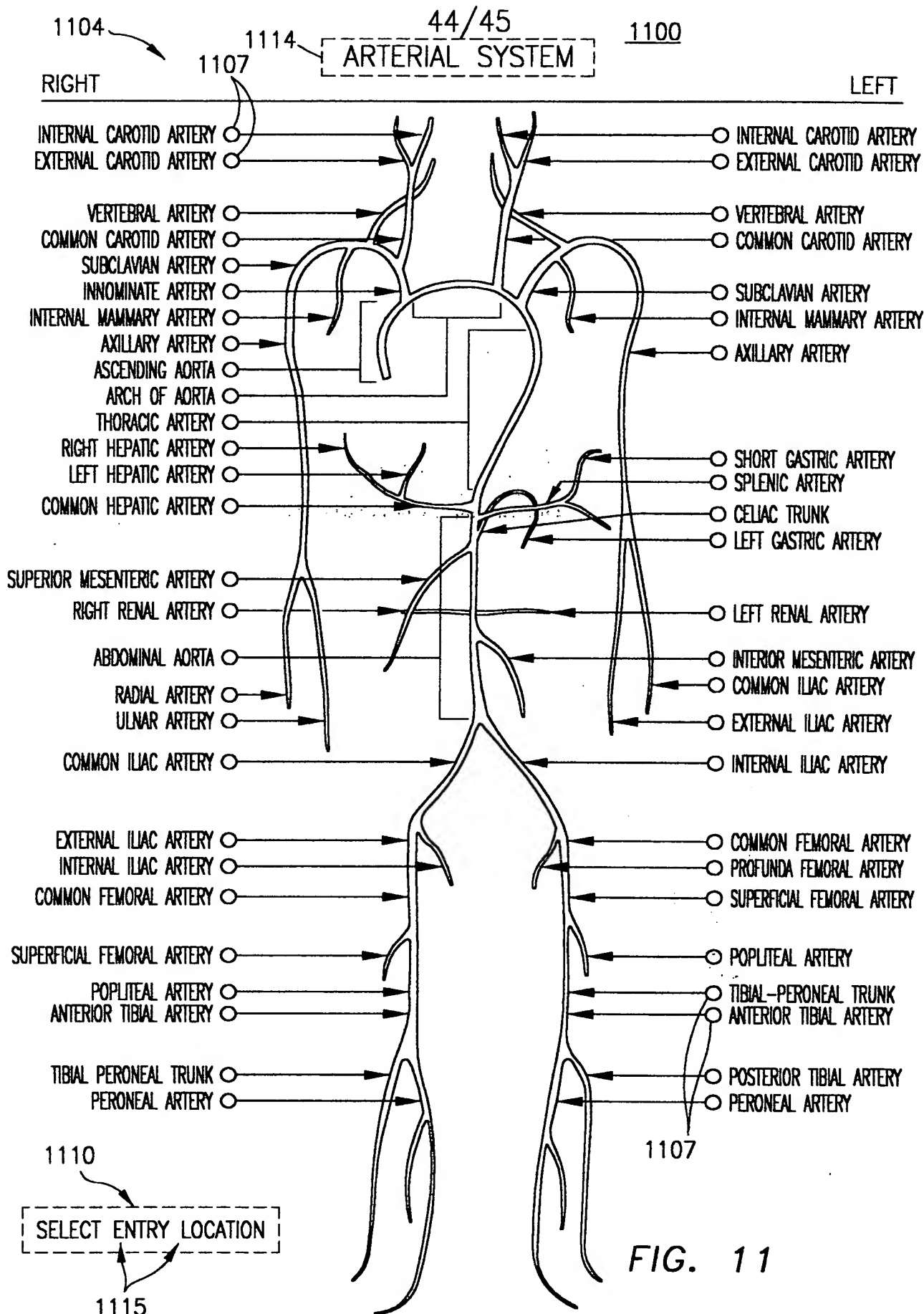


FIG. 11

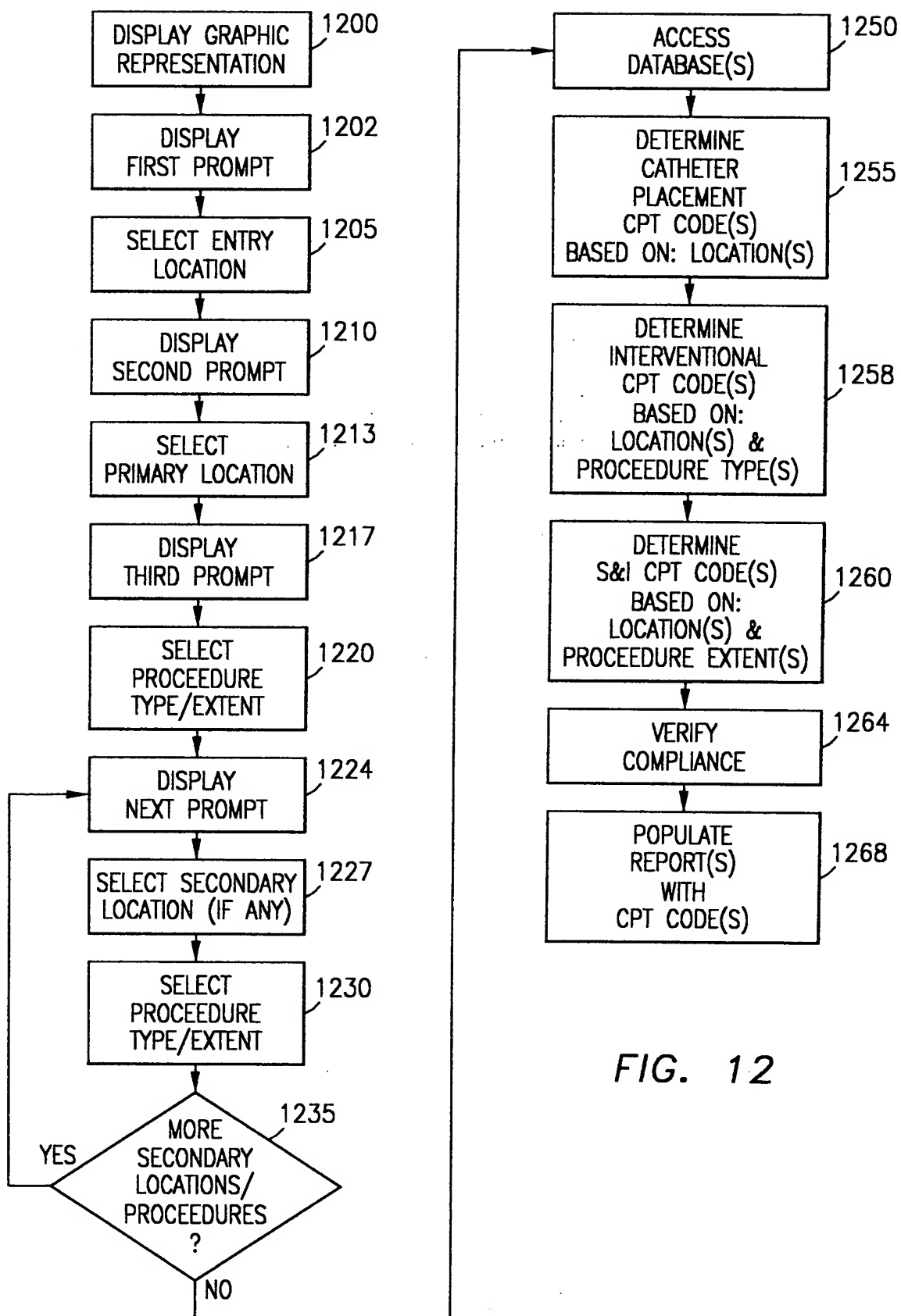


FIG. 12